Attorney's Docket No. 024916-006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Patent Application of |) BOX AF | | | | | | |
|--|---|--|--|--|--|--|--|
| Ronald MATHISON et al. |) Group Art Unit: 1654 | | | | | | |
| Application No.: 09/051,395 |) Examiner: A. Gupta | | | | | | |
| Filed: May 8, 1998 | , | | | | | | |
| For: PEPTIDES FOR TREATMENT OF INFLAMMATION AND SHOCK |)) | | | | | | |
| PETITION FOR EXTENSION OF TIME | | | | | | | |
| Assistant Commissioner for Patents Washington, D.C. 20231 | | | | | | | |
| Sir: | | | | | | | |
| The following extension of time is requested | to respond to the Official Action mailed on | | | | | | |
| September 13, 1999 : | | | | | | | |
| two months to February 13, 2000 | the extension fee is: | | | | | | |
| [X] \$190.00 (216) [] \$380.00 (11 | 6). | | | | | | |
| [] The shortened statutory period has be | en reset by an Advisory Action dated | | | | | | |
| [X] An extension fee in the amount of \$ | 190.00 is enclosed. | | | | | | |
| [] Charge \$ to Deposit Acc | ount No. 02-4800. | | | | | | |
| The Commissioner is hereby authorized to cl | harge any appropriate fees under 37 C.F.R. | | | | | | |
| §§ 1.16, 1.17 and 1.21 that may be required by the | is paper, and to credit any overpayment, to | | | | | | |
| Deposit Account No. 02-4800. This paper is submitted in duplicate. | | | | | | | |
| Re | espectfully submitted, | | | | | | |
| Ви | irns, Doane, Swecker & Mathis, L.L.P. | | | | | | |
| P.O. Box 1404 By Alexandria, Virginia 22313-1404 (703) 836-6620 Date: February 14, 2000 | Susan M. Dadio Registration No. 40,373 | | | | | | |

(09/99)

Amendment and Reply Transmittal Letter
Application Serial No. 09/051.395
Attorney's Docket No. 024916-006
Page 2

| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
|--|------------------|---|-----------------|-------------|---------------|
| Total Claims | 28 | MINUS 22 = | 6 | x \$18.00 = | \$108.00 |
| Independent Claims | 11 | MINUS 8 = | 3 | x \$78.00 = | \$234,00 |
| If Amendment adds multip | le dependent c | laims, add \$260.00 | | | |
| Total Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | \$171.00 |

- [X] A claim fee in the amount of \$ 171.00 is enclosed.
- [] Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

Burns, Doane, Swecker & Mathis, L.L.P.

Susan M. Dadio

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Date: February 14, 2000